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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DN	10 949	2/23 5/01/01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 = ..... (Through numeral) Canceled A ..... Appeal  
 — ..... Restricted O ..... Objected  
  $\div$  .....

Claim	Date
Final	
Original	11/29/04
1	✓
2	✓
3	✗
4	✓
5	✓
6	✓
7	✓
8	✓
9	✗
10	✓
11	✓
12	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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# Best Available Copy